

## Letter of Coverage

### *Temporary Student Health Insurance ID Information*

Date: 10/29/2020

Dear Provider,

Please accept this Letter of Coverage as a Temporary ID card. According to information on file, the following individual has student health insurance coverage.

Insured's Name:	Insured's Last Name:
BOSHENG	LI
Student Insurance ID Number:	Group Name:
DEEAH0007639	Purdue University
Insurance Company:	Policy Number:
AnthemIN-SP	IN2008M001
Prescription Benefit Manager:	Rx Group Number:
IngenioRx	WL2A
Rx Bin Number:	Rx PCN:
020099	WG

This letter does not guarantee coverage or payment and does not represent prior approval for benefits. All claims are subject to coverage provisions and medical necessity. Please see the Student Health Insurance Plan brochure for coverage details as well as exclusions and limitations.

For questions, please call (855) 247-2273, Monday — Friday from 8:30 a.m. — 5 p.m. Central Time.

Thank you.